

STATE OF CALIFORNIA
 Electronic Recording Delivery System (ERDS)
 Attachment To ERDS 0003
 Vendor Application Form for Reference(s)
 ERDS 0009
 (orig. 02/07)

DEPARTMENT OF JUSTICE
 California Justice Information Services Division
 CJIS Operations Support Bureau
 Electronic Recording Delivery System Program
 Telephone: (916) 227-8907
 FAX: (916) 227-0595
 E-mail: erds@doj.ca.gov



Electronic Recording Delivery System Attachment To ERDS 0003 Vendor Application Form for Reference(s)

TYPE OR PRINT (IN INK) ALL INFORMATION REQUESTED.

DOJ USE ONLY	
Cert #	_____
Date rec'd	_____
Response date	_____
Analyst	_____
Tracking #	_____
HDC date	_____
Rev. by	_____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	

VENDOR NAME

REFERENCE # 1

REFERENCE COMPANY NAME	CONTACT NAME	TELEPHONE #
		()
ADDRESS	CITY	STATE
		ZIP CODE
PROJECT NAME AND/OR DESCRIPTION	DATE OF EMPLOYMENT/SERVICE	# OF YEARS/MONTHS

IDENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.

(ATTACH ADDITIONAL SHEET AS NEEDED)

REFERENCE # 2

REFERENCE COMPANY NAME	CONTACT NAME	TELEPHONE #
		()
ADDRESS	CITY	STATE
		ZIP CODE
PROJECT NAME AND/OR DESCRIPTION	DATE OF EMPLOYMENT/SERVICE	# OF YEARS/MONTHS

IDENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.

(ATTACH ADDITIONAL SHEET AS NEEDED)

REFERENCE # 3

REFERENCE COMPANY NAME	CONTACT NAME	TELEPHONE #
		()
ADDRESS	CITY	STATE
		ZIP CODE
PROJECT NAME AND/OR DESCRIPTION	DATE OF EMPLOYMENT/SERVICE	# OF YEARS/MONTHS

IDENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.

(ATTACH ADDITIONAL SHEET AS NEEDED)